

1. DATE OF INCIDENT <b>14-MAR-2012</b>		2. ADDRESS OF OCCURRENCE <b>5155 W LAKE ST CHICAGO, IL 60644</b>		3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>1532</b>	
5. POSITION <b>9161</b>		6. LAST NAME <b>JONES</b>		7. FIRST NAME <b>CALVIN D</b>		8. STAR NO <b>10669</b>	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>510</b>		12. HT. <b>190</b>	
13. DATE OF APPT. <b>29-MAY-2001</b>		14. EMPLOYEE NO. <b>015</b>		15. UNIT & BEAT OF ASSIGNMENT <b>1563D</b>		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
21. LAST NAME <b>YOUNG</b>		22. FIRST NAME <b>OMAR</b>		23. M.I. <b>01 M</b>		24. RACE <b>BLK</b>	
25. D.O.B. <b>510</b>		26. HT. <b>240</b>		27. WT. <b>240</b>		28. ADDRESS <b>DR</b>	
29. TELEPHONE NO. <b>DR</b>		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>		34. BY WHOM? <b>DR</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED <b>PLEASE SEE NEXT PAGE</b>	
37. CB NO. <b>18362898</b>		38. IR NO. <b>18362898</b>		39. DNA <input type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA	
41. SUBJECTS ACTIONS		42. MEMBER'S RESPONSE		43. SUBJECTS ACTIONS		44. MEMBER'S RESPONSE	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	
MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> EGRESS HOLD <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER _____		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		OTHER _____	
45. ADDITIONAL INFORMATION		46. ADDITIONAL INFORMATION		47. ADDITIONAL INFORMATION		48. ADDITIONAL INFORMATION	
OFFENDER POINTED A WEAPON AT R/O, AT WHICH TIME OFFICER FEARING FOR HIS LIFE FIRED AT THE OFFENDER.		OFFENDER POINTED A WEAPON AT R/O, AT WHICH TIME OFFICER FEARING FOR HIS LIFE FIRED AT THE OFFENDER.		OFFENDER POINTED A WEAPON AT R/O, AT WHICH TIME OFFICER FEARING FOR HIS LIFE FIRED AT THE OFFENDER.		OFFENDER POINTED A WEAPON AT R/O, AT WHICH TIME OFFICER FEARING FOR HIS LIFE FIRED AT THE OFFENDER.	
49. WEAPON TYPE		50. INCIDENT OCCURRED		51. LIGHTING CONDITIONS		52. WEATHER CONDITIONS	
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		<b>CLEAR</b>	
53. MAKE/MANUFACTURER		54. MODEL		55. BARREL LENGTH		56. CALIBER/GAUGE	
BERETTA - J&B (RANTAM, BRIGADIER 851, EMPIRE, PUMA)		<b>92D</b>		<b>4</b>		<b>9 MM</b>	
57. TASER DART ID NO.		58. WEAPON SERIAL NO. (Include Letters)		59. CHICAGO GUN REG. NO.		60. IL FIREARM OWNER ID. NO.	
<b>BER245847</b>		<b>627933</b>		<b>627933</b>		<b>627933</b>	
61. SPECIAL WEAPON CERTIFICATE NO.		62. PROPERTY INVENTORY NO.		63. TYPE OF AMMUNITION USED		64. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
<b>Department Issued</b>		<b>Department Issued</b>		<b>Department Issued</b>		<b>1</b>	
65. WHO FIRED FIRST SHOT		66. WAS FIREARM RELOADED DURING INCIDENT		67. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		68. HOW WAS MEMBER'S HANDGUN WORN	
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		<input type="checkbox"/> 03 OTHER (Specify)	
69. HOW WAS MEMBER'S HANDGUN DRAWN		70. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		71. DID MEMBER USE SIGHTS		72. DID MEMBER USE SIGHTS	
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
73. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		74. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		75. POSITION OF MEMBER DISCHARGING WEAPON		76. POSITION OF MEMBER DISCHARGING WEAPON	
<b>NONE</b>		<input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN		<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)	
77. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		78. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		79. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		80. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON	
<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
81. NOTIFICATIONS (OC OR TASER INCIDENT):							

SUBJECT  
INFORMATION

38. CHARGES PLACED

730 ILCS 5.0/3-3-9, 720 ILCS 5.0/12-2(A-10), 720 ILCS 5.0/18-2-A-2, 720 ILCS  
5.0/18-2-A-2, 720 ILCS 5.0/24-1.2-A-3, 720 ILCS 5.0/24-1.2-A-3, 720 ILCS 5.0/9-  
1-A-1, 720 ILCS 5.0/9-1-A-1☐ DNA39.  
☐ DNA

WEAPON DISCHARGE INCIDENT

41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Night <input type="checkbox"/> 02 Dawn <input type="checkbox"/> 03 Poor Artificial <input type="checkbox"/> 04 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>	
45. MAKE/MANUFACTURER BERETTA - US (BANTAM, BRIGADIER 851, EMPIRE, PUMA)		46. MODEL 92D		47. BARREL LENGTH 4		48. CALIBER/GAUGE 9 MM			
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) BER245847		51. CHICAGO GUN REG. NO. 627933		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 6	
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		63. OTHER (Specify)	
64. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
70. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN									

70. EVENT NO.  
1207418736

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer was in compliance with our policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ESCALANTE, JOHN J

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

15-MAR-2012 07:58:52

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS- PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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